Form **88** / T

Notice of Section 527 Status

OMB No. 1545-1693

	iment of the Treasury ni Ravenue Service			i
	rt I General Information			
1	Name of organization			Employer identification number
_	Illinois Health Care A			37 1223305
2	Mailing address (P.O. Box or number,	street, and room or suit	e number)	
_	1029 South Fourth City or town, state, and ZIP code			
	Springfield, Illinois	62703		
3	E-mail address of organization	02703		
4a	Name of custodian of records	4b C	ustodian's address	
	114 1 1 4 1	[.	029 South Fourth	
	William L. Kempiners,		invinctiold Illinois 6	2703
_	Treasurer		r	2703
58	Name of contact person	1	ontact person's address .029 South Fourth	
	Maria R. Schmidt			
	Harra R. Bellinade		Springfield, Illinois 6	52703
6	Business address of organization (if d	ifferent from malling add	ress shown above). Number, street, and r	room or suite number
	City or town, state, and ZIP code			
	D			
2a) 7	It II Purpose Describe the purpose of the organizate	ion		
•			erm care related issues.	and to women't
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	those candidates and l	legislators who	have demonstrated thei	r commitment to
	long-term.care			
Pa	rt III List of All Related Ent	ities (see instruction	15)	
8a	Name of related entity	8b Relationship	8c Address	
			1029 South Fourth	
	Illinois Health			••••••
	Care Association		Springfield, Illino	ols 62703
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Part IV List of All Officers,	9b Title	Compensated Employees (see instructions) 9c Address
Mark Petersen	Member	7218 N. Villa Lake Drive Peoria, Illinois 61614
Mike Riley	Member	824 South 59th Street Belleville, Illinois 62223
Alan Ryle	Member	P.O. Rox 6525 Champaign, Illinois 61826
Floyd A. Schlossberg	Member	4200 West Peterson Avenue Chicago, Illinois 60646
Geri Wagner	Member	18300 S. LaVergne Avenue Tinley Park, Illinois 60477
William L. Kempiners	Executive Director	IHCA - 1029 South Fourth Springfield, Illinois 62703
Maria R. Schmidt	Assistant Executive Director	IHCA - 1029 South Fourth Springfield, Illinois 62703
		••••••

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here



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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature of authorized official

Date